MONTANA STATE BOARD OF NURSING
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OFFICE USE
INSTR#_____
APPROVED:
YES__ NO__
DATE: _____

ASSISTED LIVING MEDICATION AIDE PROGRAM INSTRUCTOR APPLICATION

Attach a copy of an up-to-date resume including your nursing experience and knowledge of assisted living facility rules and regulations and/or teaching experience for at least the past five years.

NAME: _____

ADDRESS: _____
(STREET, PO BOX) (CITY) (STATE) (ZIP)

TELEPHONE: _____ MT BON LICENSE #: _____

NAME of FACILITY/Medication Aide Program: _____

_____

Initial the statements below:

_____I hereby certify that my Montana nursing license is unencumbered.

And

_____I hereby certify that I have a working knowledge of assisted living facility rules and regulations.

And

_____I hereby certify that I have at least two years of nursing experience in the last five years. One year in long-term care, home health, hospice, assisted living or other community based setting.

Or

_____I hereby certify that I am a state certified nursing assistant instructor and the above statement does not apply.

I hereby certify that the information supplied on this application is true and correct.

Signature: _____ Date: _____